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November 10, 2003

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**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: RTS-0253****SERIAL NO.: 09/975,123****FILED: October 9, 2001****NUMBER OF PAGES: 19**  
(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate) and  
Amendment in Response to Office Action dated August 26, 2003.

**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

If you have any questions, or did not receive the proper number of pages, or had trouble  
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>RTS-0253</b>	
Applicant(s): <b>Susan M. Freier</b>					
Serial No. <b>09/975,123</b>	Filing Date <b>October 9, 2001</b>	Examiner <b>Jane J. Zara</b>		Group Art Unit <b>1635</b>	
Invention: <b>ANTISENSE MODULATION OF INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 5 EXPRESSION</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ <i>Jane Massey Licata</i> Signature		Dated: <b>November 10, 2003</b>			
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>		<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>			
cc:					



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

Attorney Docket No.: RTS-0253  
Inventors: Susan M. Freier  
Serial No.: 09/975,123  
Filing Date: October 9, 2001  
Examiner: Jane J. Zara  
Group Art Unit: 1635  
Title: Antisense Modulation of Insulin-Like  
Growth Factor Binding Protein 5  
Expression

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I hereby certify that this paper is being facsimile  
transmitted to the Patent and Trademark Office on  
the date shown below.

On November 10, 2003

Jane Massey Licata  
Jane Massey Licata Registration No. 32,257

Assistant Commissioner for Patents  
Washington, DC 20231

Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed August 26, 2003  
setting a three (3) month statutory period for response. Please  
enter the following remarks into the record.

Remarks begin on page 2.